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12/22/2009

SMITH, GAMBRELL & RUSSELL SUITE 3100, PROMENADE II 1230 PEACHTREE STREET, N.E. ATLANTA, GA 30309-3592

APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		RNEY DOCKET NO.	CONFIRMATION NO.
10/743,269	12/23/2003		Kurt Nilsson		033972.549252	4452
TITLE OF INVENTION	FILTRATION MATE	RIAL				
		,				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	03/22/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
HENRY, M	ICHAEL C	1623	536-004100			
. Change of corresponde	ence address or indication	n of "Fee Address" (37	2. For printing on the patent front page, list			
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the names of up to 3 registered patent attorneys Russell LLP			
			(2) the name of a singl	e firm (having as a mem	Jeia	- 1111
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custon Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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PLEASE NOTE: Unl	ess an assignee is ident h in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NO	data will appear on the p T a substitute for filing an	atent. If an assignee is i assignment.	dentified below, the d	locument has been filed
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Glycorex '	Cransplantatio	on AB	Lund, Swede	n.		
lease check the appropr	iate assignee category or	r categories (will not be p	rinted on the patent):	Individual 🖾 Corpora	tion or other private gr	oup entity Governme
a. The following fee(s)	are submitted:	4	b. Payment of Fee(s): (Plea	se first reapply any pre	viously paid issue fee	shown above)
Issue Fee			A check is enclosed.			
	lo small entity discount		Payment by credit can	d. Form PTO-2038 is at	tached.	0.1
Advance Order -	of Copies		The Director is hereby overpayment, to Depo	authorized to charge the asit Account Number	required fee(s), any definition (enclose)	eficiency, or credit any an extra copy of this form
. Change in Entity Sta	tus (from status indicate	ed above)				
a. Applicant claim	s SMALL ENTITY stat	us. See 37 CFR 1.27.	b. Applicant is no lon	ger claiming SMALL EN	ITITY status. See 37 C	CFR 1.27(g)(2).
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